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Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

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TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 10-17
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: REQUESTING DUPLICATE COPIES OF DECISIONAL DOCUMENTS
FROM THE DISABILITY DETERMINATION SERVICE DIVISION - STATE
PROGRAMS (DDSD-SP)

In order to obtain Medi-Cal eligibility based on a disability determination made by the California Department of Social Services' Disability Determination Service Division-State Programs (DDSD-SP), counties must send a referral packet to DDSD-SP. After DDSD-SP concludes its disability determination, it returns copies of its decisional documents to the county office. As part of this process, the DDSD-SP informed the Department of Health Care Services (DHCS) of concerns about the large increase in the number of requests for duplicate copies of decisional documents. In addition to receiving requests from county eligibility workers, DDSD-SP has received requests from authorized representatives, hospital social workers, financial counselors, and individuals, who have misrepresented themselves as county staff. If an applicant's Personal Identifying Information (PII) falls into the possession of an unauthorized source, a violation of the Health Insurance Portability and Accountability Act (HIPAA) has occurred. This letter outlines a process to ensure reasonable safeguards in sending information between counties and DDSD-SP.

PROCESS COUNTIES SHOULD FOLLOW

When the county has determined that it has the need for a duplicate copy of the *DDSD-SP Disability Determination - Response to MC 221*" (DDSD-SP 221R), the following steps should be taken:

1. The county should conduct a thorough search of its office for the document before making the request for a duplicate.
2. The request should be faxed on county letterhead to the specific Operations Support Analyst's attention in the DDSD-SP Branch (either Los Angeles or Oakland) that services their county. Fax the request to Laura Beltran at (213) 480-6421 in the Los Angeles Branch or Maria Andes at (800) 869-0203 in the Oakland Branch.
3. The requesting county must provide a returning fax number to DDSD-SP on the coversheet, so the document can be securely sent back to the requesting county's office.
4. The fax coversheet should include the requestor's name, position title, and a telephone number where they can be reached.

SUMMARY

It is important that all agencies involved protect an applicant's PII. The above process is HIPAA compliant. HIPAA regulations (including the preamble, background, and comments in the Federal Register) do not preclude entities from faxing patient health information. The regulations do require that reasonable safeguards must be used to protect the information from inappropriate use or disclosure. If DDSD-SP staff is uncomfortable with the authenticity of the county request, then the above process allows DDSD-SP to contact the county and verify the identity of the person making the request, before sending any duplicate decisional documents. This letter reminds counties to follow the safeguards outlined in Section VII C of their Medi-Cal Data Privacy and Security Agreement regarding the security of faxed information.

Questions regarding this ACWDL should be directed to Warren Jorgensen at (916) 322-8494 or to Warren.Jorgensen@dhcs.ca.gov.

Original Signed by René Mollow

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